

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 CARLEN DRIVE; COOKEVILLE, TN 38501

PHONE (931) 528-1555 FAX (931) 372-0295

PRE-EMPLOYMENT EVALUATION

DATE:

CANDIDATE'S NAME

EMT/EMT-P #

EMT SCHOOL TTU

DATE COMPLETED: ____/____/____

LOCATION:

INSTRUCTORS:

2)

IV SCHOOL

DATE COMPLETED: ____/____/____

LOCATION:

INSTRUCTORS: 1)

2)

PARAMEDIC SCHOOL

DATE COMPLETED: ____/____/_2002____

LOCATION:

INSTRUCTORS: 1)

2)

PREVIOUS EMS EXPERIENCE:

PREVIOUS FIRE/RESCUE EXPERIENCE:

APPLYING FOR: PART TIME FULL-TIME

GOING TO ATTEND IV SCHOOL: YES NO

GOING TO ATTEND PARAMEDIC SCHOOL: YES NO

GENERAL:

APPEARANCE:

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PRE-EMPLOYMENT EVALUATION

PROFESSIONAL BEARING/CONDUCT:

KNOWLEDGE:

INTEREST:

INTERACTION WITH PEERS:

INTERACTION WITH PATIENTS:

OTHER COMMENTS

I RECOMMEND THIS CANDIDATE FOR EMPLOYMENT: YES NO

SUPERVISOR:

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

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PRE-EMPLOYMENT EVALUATION SKILLS

COT OPERATION:

**REVIEW AT LEAST 3 OF THE FOLLOWING. JUDGE PERFORMANCE ON A OBJECTIVE
MEET BASIS. CANIDATES SHOULD NOT RECEIVE COACHING.**

SUB-CUTANEOUS EPINEPHRINE INJECTION

MAST TROUSER USE

PTL PLACEMENT

SPLINTING OR BANDAGING

TSI

KED OR XP-1

½ RING

IV MAINTENCE/INITIATION

**INTRODUCE AND HAVE CANIDATE TO DEMONSTRATE USE OF AT LEAST TWO OF THE
FOLLOWING:**

THUMPER

EKG

BLOOD GLUCOSE MACHINE

AUTOVENT 2000